

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			05/16/01
<b>O.I.P.E. CLASSIFIER</b>			6/1/01
<b>FORMALITY REVIEW</b>	tha	946	06/06/01
<b>RESPONSE FORMALITY REVIEW</b>	Request	925	10-16-01

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## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10/16/01  
J.S.  
10/16/01

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